Review and edit the project information and contact information for the project director. To change the name or email of your project director, contact your program officer for assistance.

* Required fields Name:	
Title:	
Street:	*
Street 2:	
City:	*
State:	
Postal code:	
Phone:	*
Fax:	
Email: Web address:	
Home institution: Project title:	*
World area:	*
Program officer:	
	Approved Languages
	Countries and disciplines are populated from your fellows' information.
	Countries *
	Save and Continue

To add a user with permission to edit reports for this project, enter the person's first name, last name and email address. The system will email login information to each added user.

To remove a user, clear the fields and click "Save."

* Required fields

First Name *	Last Name *	Title	Phone	Email *	_
					€ FLAS coordinator
					b FLAS coordinator
					€ FLAS coordinator

Save

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IEPS		IRIS							
Program: Institution: Project: Award #: Project Directo World Area:	FLAS	I PROGRAMS SE	RVICE	Grant Start Grant End Final Repo Amount:			Report: Start Date: End Date: Due Date: Submit Date AY Amount: Summer Am Total:	e: : \$	ON SYSTE
		Ho	me Update	Password Co	ontact Us	Help Logoff			
Project Info	Add User	Select, View, Submit Reports	Language Request	Overseas Request	TARs	Fellow Admin	Selection Processes	Priorities	Budget
Languag	e Reques	sts							
approvals to h	•	age approved fo		•		• •	u can make req he language ap		me
* Required field	ls								
Fellow name:		* First nar	ne	Last nar	me				
Language:		* Selec	t one			V			
Level:		* Selec	t one 🔻						
Request this	language appr	oval: * . or	o timo (AV onl						

j ∩ One-time (AY only) m Remainder of the grant cycle Supporting materials: (Including instructor's CV) Browse... Press the "Browse..." button to to attach a file. When prompted, locate and select the file to upload.

Explanation of request: * (limit 2,000 characters)

Save and Add Another Request

Save and Return to List

Submit to IEPS

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Select one |▼ (Only your approved languages appear in this dropdown. Use the Language Request screen to request an additional language.) Level: Select one ▼ Number of weeks: Total number of hours: Country: Select one Additional countries: Select all that apply (if applicable) Afghanistan Albania Algeria American Samoa Note: Either upload a program brochure or enter the URL for the program website. Program brochure: Browse... Press the "Browse..." button to to attach a file. When prompted, locate and select the file to upload. Program website: http:// Departure date: (all dates in mm/dd/yyyy format) Return date: Program start date: Program end date: Explanation of request: * (limit 2,000 characters)

Save and Return to List

Save and Add Another Request for the same Program

Submit to IEPS

Submit to IEPS and Add Another Request for the same Program

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IEPS (RIS				1		
Program: Institution: Project: Award #: Project Director: World Area:	FLAS	GRAMS SERVICE	Grant Start Grant End I Final Repor Amount:	Date: t Due Date:	INTERNATIO	Report: Start Date: End Date: Due Date: Submit Date: AY Amount: Summer Amount:	:	ON SYST
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Project Info	S	ct, View, cubmit Language eports Request	Overseas Request	TARs	Fellow Admin	Selection Processes	Priorities	Budge
· · · · · · · · · · · · · · · · · · ·	'	Approval Req	<u> </u>	IAINS	Admin	110063363	1 Hornies	Duage
		est (TAR) information for		ed participan	t traveling eithe	er to or from the	U.S. or in-cou	ıntrv.
* Required fields			5 g					
Group or indivi- Number of part Participant nan (limit 500 characte	ticipant(s):	* jn Group jn (If there is more that	Individual an one participant, elai	borate in the "Pi	urpose of travel ex	xplanation.")		
Travel to or fro	m U.S.:	* jn To jn Fro	m U.S.					
Title VI FLAS for	unds used for trav	3						
Type of particip	oant:	* Select one						
Purpose of trav	/el:	* Select one						
(Provide a brief ex	xplanation of the purp	(limit 2,000 characters) cose of travel. If the purpos her this funding was in the			ram activities. Pro	vide a justification	for the travel rel	ating it
Discipline / Fiel	ld(s):	Select all that Accounting Agriculture Anthropology Archaeology Architecture/u		al planning				_
Country(ies):		* (For travel to the U	.S., select the country	the participant i	is traveling from.)			
		Select one						
		Select one						
		Select one						
		Select one						
Title VI FLAS fo	unds to be expen							
		ها ds to be expended: * ([limit 2,000 characters])				

(Provide a detailed itemized breakout of the Title VI FLAS funds to be expended, e.g., lodging, per diem, travel. Clearly explain all expenditures.)

Departure date	e:	*	(mm/dd/yyyy)			
Return date:		*	(mm/dd/yyyy)			
Comments: (lir	mit 1,000 characters)					
						<u> </u>
Participant'	s Departure Itinerary	(Required for international	al travel)			
Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline and Flight Number
						1
	<u> </u>		<u>J</u>]		
Participant'	s Return Itinerary					
Departure Date (mm/dd/yyyy)	From City	From State or Country	Arrival Date (mm/dd/yyyy)	To City	To State or Country	Airline and Flight Number
)					
	Save and	Add Another TAR Home Update F		nd Return to List	Submit to IEPS	
		Internat	tional Education Process. S. Department of I	ograms Service Education	_	

1990 K Street, N.W., Washington, DC 20006-8521 Phone: (202) 502-7700

Add a Fellow to your report

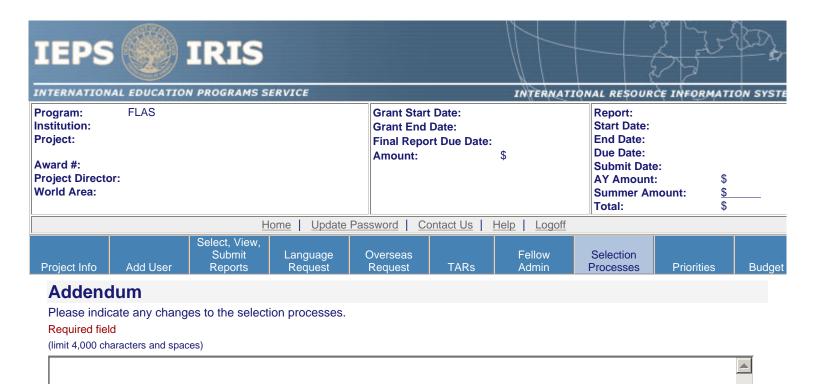
Enter information for each fellowship awarded. This should be done as early as possible in the grant period.

Only languages for which the grant is approved appear in the "Award language" dropdown. Use the Language Request screen to request a language that is not approved for this award.

* Required fields

Fellow name:			
reliow name.	First name		
Email:	First name	Last name	
Award language:	Select one 🔻		
	(Only the approved languages for the	he grant appear on this dropdown.)	
Language level:	Select one		
Course title: (limit 200 characters and spaces)			
Degree program enrolled in when fellows	ship awarded: [*] j்̇∩ Master's j̇́	∩ Doctorate j ∩ Master's / PhD	
Major / Discipline:	Select one	•	
Degree program:	Select one	•	
Fellowship program name:			
Study site:	Select one		V
Other:			_
Location:	fn U.S. fn Overseas fn Bo	oth	_
Country of destination:	Select one	•	
Stipend:	\$ 0		
Tuition and fees:	\$ 0		
Total Title VI FLAS grant funds:	\$ 0 (Tuition and fees +	+ stipend)	
University contribution-tuition and fees:	\$ 0	, ,	
University contribution-stipend:	\$ 0		
Total university contribution:	\$ (Tuition and fees -	+ stipend)	
Is this award for the Fulbright-Hays Grou	p Projects Abroad program? *	jn Yes jn No	
Is this fellowship for language or area stu	udies: * jn Coursework or	jn Dissertation research	

Comments: (limit 1,000 characters and spa	ices)
Dissertation Research	
If the purpose of the fellowship is dissert program officer to notify them of your red	ation research, provide the following information. When you click Save, an email will be sent to your uest for a dissertation research fellowship.
Organization affiliation(s): (limit 500 characters and spaces)	
Individual affiliation(s): (limit 500 characters and spaces)	
Advisor name:	
Advisor email:	
Dissertation research topic:	
Methodology: (limit 2,000 characters and spaces)	
Proposed research dates: From	to (mm/dd/yyyy)
Visa status:	j∩ Issued jn Not applicable
Visa issued date:	
Research permission status:	j∩ Received jn Not applicable
Research permission issued date:	Save and Return to List Save and Add a Fellow
	Home Update Password Contact Us Help Logoff International Education Programs Service
	U.S. Department of Education Office of Postsecondary Education 1990 K Street, N.W., Washington, DC 20006-8521 Phone: (202) 502-7700



Save

Save and Continue

Selection Processes from Interim Report

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Save Save and Continue

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IEPS		IRIS							
INTERNATIONA	L EDUCATIO	N PROGRAMS S	ERVICE			INTERNATI	ONAL RESOUR	CE INFORMATI	ON SYST
Program: Institution: Project: Award #: Project Director World Area:	FLAS :			Grant Star Grant End Final Repo Amount:		\$	Report: Start Date: End Date: Due Date: Submit Dat AY Amoun Summer Al Total:	te: t: \$	
			ome Update	Password C	ontact Us	Help Logoff			1
Project Info	Add User	Select, View, Submit Reports	Language Request	Overseas Request	TARs	Fellow Admin	Selection Processes	Priorities	Budget
AY Budg	get								
Enter the fund	ds received fro	om or given to o	ther institutions	s during the cu	rent reportin	ng period.			
* Required field	ds								
AY Allocation	n:						\$		
Total AY FLA (Tuition + Stipe		rded to Final fe	lows:				\$0		
Total AY FLA	AS funds rece	eived from other	institutions/pro	grams:		\$			
Total AY FLA	AS funds give	n to other institu	utions/programs	3:		\$			
	I AY FLAS grands awarded to f	ant funds: fellows + funds rec	eived - funds giver	n)		\$			
Comments: ((limit 1,000 chara	acters and spaces)							
(Click the "Brow	vse" button to	el spreadsheet only attach an electroni attached to this rep	c copy of the proje	ect budget. When	prompted, loca	Browse	udget file.		
		Si	ave	Save and Co	ntinue				
		<u>Ho</u>	me Update F	Password Co	ntact Us F	lelp Logoff			
			U Offic	ional Education P .S. Department of ce of Postseconda et, N.W., Washing	Education try Education gton, DC 20006				

Phone: (202) 502-7700